

| CLAIMS ONLY | | | | | | | Application Number <div style="font-size: 1.5em; font-family: cursive;">10/66/96</div> | Filing Date |
|---|----------|--------|-----------------------|--------|------------------------|--------|---|-------------|
| | | | | | | | Applicant(s) | |
| * May be used for additional claims or amendments | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Depend | 26 | | | | | | | |
| Total Claims | 29 | | | | | | | |

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Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep | 3 | | | | | |
| Total Depend | 26 | | | | | |
| Total Claims | 29 | | | | | |

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